PTC/SB/08 (12-04)

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APPLICATION AS FILED - PART I (Cotumn 1) (Cotumn 2) SMALL ENTITY										OTHER THAN OR SMALL ENTITY		
		<del></del>	MUNABER	MUNGER EXTRA		RATE (S)		FEE (\$)		RATE (\$)	FER (\$)	
MASK	FOR	- N	NUMBER FILED NA		NA		N/A				NUA	
EAR	R 1.18(b), (b), or (c)	N N	N/A		N/A		NZA	$\neg$			N/A	
37 CF	R 1.15(), (), or 64		N/A		NIA		N/A				NA	
17 CF	R 1.16(P), (P) - (0	"			. 30		9		270.00	OR	х -	
NOEPENDENT CLAIMS		· · · · ·	append a		· 0				0		x -	
	FR 1.16(01))	-	1 minus 3 =		drawlors exceed 100					<b>!</b>		
APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(8)(1)(G) and 37 CFR 1.16(e).												
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(1))							N/A		L	]	N/A	
* If the difference in column 1 is less train zero, enter "O" in column 2.							TOTA	ı.	270.00	<u> </u>	TOTAL	
_		(Column 1) CLAIMS REMAINING	EMIAIN BRINIAN		(Column 2) (Column 3) HUGHEST NUMBER PRESENT		SMALL EI		ADDI- TIONAL	OR ]	OTHER SMALL RAYE (3)	ADDI- TIONAL
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A	Application Size Fee (37 CFR 1,16(8))								<del>                                     </del>	┪		
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_/	100	(Column 1)		(Column 2) HIGHERT	(Cotumn 3)	ז ר			1	7	RATE (8)	ADDi-
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AMEN	Application Size Foo (37 GFR 1.10(9))								+	-		1
₹	PHAST PRESENTATION OF MAILTIPLE DEPENDENT CLAIM (57 CFR 1.18(II))						N		<del> </del>	<b>→</b> ○R	TOTAL	<del> </del>
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If the "Highest Number Previously Paid For" IN THIS SPACE is take tran 3, arter "3".

The "Highest Number Previously Paid For" (In this space) is the highest number found in jig appropriate box in column 1.

The "Highest Number Previously Paid For" (I dual or Megaphene) is the highest number found in jig appropriate box in column 1.

This collection of Internation is required by 37 CFR 1.16. The Information is required to possible a spatiation form a papellation Confidentiality is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to like 12 and required to confidentiality is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is the Information confidentiality in completed application from to the U.S.PTO. Three will vary depending upon the information Ordicer, U.S. Patient on the amount of time you require to complete the form address appearance for reaching the complete the form address superiors for reaching the burden, should be supplied in the formation of the Commente, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patientia, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complains the form, ask 1-800-PTC-9199 and select option 2.